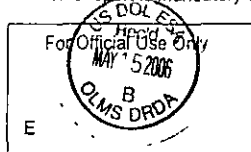


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 022454 6302	2. Fiscal Year Covered From: 1 / 1 / 05 Through: 12 / 31 / 05
3. Name and address of person filing. Name <u>John J. Wood</u> P.O. Box, Bldg., Room No., if any _____ Street <u>3 Bayberry Circle</u> City <u>Roosterkill</u> State <u>New York</u> ZIP Code + 4 <u>12140</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 669</u> Labor Organization File Number <u>022454</u> P.O. Box, Building and Room Number, if any _____ Street <u>890 Third St</u> City <u>Albany</u> State <u>New York</u> ZIP Code + 4 <u>12206</u>
5. Position in labor organization. <u>Sec'y Treasurer PEO</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7. b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>John J. Wood</u>	On <u>5/9/06</u> Date <u>John J. Wood</u> Telephone Number _____

Name of Person Filing <u>Irving S. Wood</u>	File Number U-022 454
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Upstate NY Bakery Drivers
Trade Name, if any: Industry Pension Fund
P.O. Box, Bldg., Room No., if any State Tower Bldg.
Street 109 S. Warren St Suite 1103
City Syracuse
State New York ZIP Code + 4 13202

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Same
Trade Name, if any: Same
P.O. Box, Bldg., Room No., if any Same
Street Same
City Same
State Same ZIP Code + 4

11.a. Nature of such dealing.

Meetings and Pension Seminars

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

See Attached

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name N/A
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment

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I. Wood Expenses (2005)

5-03-06

PAYMENTS TO TEAMSTERS LOCAL #669: (TRUSTEE IRVING WOOD)

1/7/05	REIMBURSE LOCAL FOR EXPENSES INCURRED AT BOT MEETINGS <u>12-20-04</u> = \$169.44 (HOTEL & MEAL)
6/08/05	REIMBURSE LOCAL FOR EXPENSES INCURRED AT BOT MEETING <u>5-25-05</u> = \$50.46 (HOTEL)
9/08/05	REIMBURSE LOCAL FOR EXPENSES INCURRED AT BOT MEETING <u>8-16-05</u> = \$69.26 (HOTEL & MEAL)

TRUSTEE IRVING WOOD
LOCAL #669
890 Third Street
Albany, NY 12206

EXPENSES PAID BY
UPSTATE NY BAKERY DRIVERS & IND. PENSION FUND
TIME PERIOD 1-01-05 THROUGH 12-31-05

<u>BOT MEETING(*)</u>	<u>DESTINATION</u>	<u>AMOUNT</u>	<u>NATURE OF PAYMENT</u>
12-20-04	SYRACUSE, NY	\$94.19	% OF BOT MEETING ROOM & FOOD
1-21-05	LAS VEGAS, NV	\$4381.24	MARCO SEMINAR = \$1295.00 AIR & HOTEL = \$1977.20 DAILY EXPENSES = \$1051.00{****} % OF BOT MEETING ROOM & FOOD = \$58.04
2-17-05	ORLANDO, FL	\$3977.61	IFEBP(**)SEMINAR = \$885.00 CAR = \$119.15 AIRFARE = \$252.30 HOTEL = \$1541.00 DAILY EXPENSES = \$1092.98 {****} % OF BOT MEETING ROOM & FOOD = \$87.18
NO BOT MEETING PAID EXPENSES 2-23-05	SAN DIEGO, CA	\$1860.25	IBT SEMINAR (***) 3/12 - 3/16/05 HOTEL = \$493.95 AIRFARE = \$417.30 CAR = \$238.00 DAILY EXPENSES = \$711.00 {****}
5-25-05	SYRACUSE, NY	\$41.38	% OF BOT MEETING ROOM & FOOD
8-16-05	SYRACUSE, NY	\$43.41	% OF BOT MEETING ROOM & FOOD

Page 2
I. Wood Expenses (2005)
5-03-06

11-21-05	SYRACUSE, NY	\$157.58	MEAL & ACCOMODATION = \$115.21 % OF BOT MEETING ROOM & FOOD = \$42.37
11/12 – 11/16/05	HONOLULU, HI	\$7243.12	AIRFARE = \$980.22 LAS VEGAS HOTEL = \$304.00 CAR HONOLULU = \$386.33 HONOLULU HOTEL = \$2578.00 SAN DIEGO HOTEL = \$239.00 DAILY EXPENSES = \$1795.57(****) IFEBP SEMINAR = \$960.00

- (*) BOARD OF TRUSTEES MEETING DATE
- (**) INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS
- (***) INTERNATIONAL BROTHERHOOD OF TEAMSTERS

(****) ADVANCE IN THE AMOUNT OF \$1400.00 (\$349.00 RETURNED TO FUND). LAS VEGAS, NV
ADVANCE IN THE AMOUNT OF \$1225.00 (\$132.02 RETURNED TO FUND). ORLANDO, FL (DAIRY)
ADVANCE IN THE AMOUNT OF \$875.00 (\$164.00 RETURNED TO FUND). SAN DIEGO, CA
ADVANCE IN THE AMOUNT OF \$1575.00 (FUND REIMBURSED ADDITIONAL \$220.57) HONOLULU, HI